

FILE 'HOME' ENTERED AT 14:49:54 ON 01 OCT 2007  
ENTER COST CENTER (NONE):none

=> index bioscience

FILE 'DRUGMONOG' ACCESS NOT AUTHORIZED

COST IN U.S. DOLLARS

SINCE FILE	TOTAL
ENTRY	SESSION
0.42	0.42

FULL ESTIMATED COST

INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, ANTE, AQUALINE, AQUASCI, BIOENG, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA, CAPLUS, CEABA-VTB, CIN, CONFSCI, CROPB, CROPU, DDFB, DDFU, DGENE, DISSABS, DRUGB, DRUGMONOG2, DRUGU, EMBAL, EMBASE, ...' ENTERED AT 14:50:53 ON 01 OCT 2007

69 FILES IN THE FILE LIST IN STNINDEX

Enter SET DETAIL ON to see search term postings or to view  
search error messages that display as 0\* with SET DETAIL OFF.

=> s

((N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide) or (endothelin a receptor antagonist) or (ZD4054)) (p) (bisphosphonate or pamidronic or zoldronic) (p) (prostate cancer)

MISSING OPERATOR 'N-(3-METHOXY-'

The search profile that was entered contains terms or  
nested terms that are not separated by a logical operator.

=> s

(N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide or (endothelin a receptor antagonist) or (ZD4054)) (p) (bisphosphonate or pamidronic or zoldronic) (p) (prostate cancer)

MISSING OPERATOR 'N-(3-METHOXY-'

The search profile that was entered contains terms or  
nested terms that are not separated by a logical operator.

=> s ((N(1A) (3

(1A)methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide) or (endothelin a receptor antagonist) or (ZD4054)) (p) (bisphosphonate or pamidronic or zoldronic) (p) (prostate cancer)

MISSING OPERATOR AZIN-2-YL)-2-

The search profile that was entered contains terms or  
nested terms that are not separated by a logical operator.

=> s ((N(1A) (3

(1A)methoxy(1A)5(1A)methylpyrazin(1A)2(1A)yl) (1A)2(1A) (4(1A) [1,3,4(1A)oxadiazol(1A)2(1A)yl]phenyl)pyridine (1A)3 (1A)sulphonamide) or (endothelin a receptor antagonist) or (ZD4054)) (p) (bisphosphonate or pamidronic or zoldronic) (p) (prostate cancer)

MISSING OPERATOR YL] PHENYL) PYRIDINE

The search profile that was entered contains terms or  
nested terms that are not separated by a logical operator.

=> s ((N(1A) (3

(1A)methoxy(1A)5(1A)methylpyrazin(1A)2(1A)yl) (1A)2(1A) (4(1A) [1,3,4(1A)oxadiazol(1A)2(1A)yl]phenyl) (1A)pyridine (1A)3 (1A)sulphonamide) or (endothelin a receptor antagonist) or (ZD4054)) (p) (bisphosphonate or pamidronic or zoldronic) (p) (prostate cancer)

0\* FILE ADISNEWS

0\* FILE ANTE

0\* FILE AQUALINE

0\* FILE BIOENG

9 FILES SEARCHED...

2 FILE BIOSIS

0\* FILE BIOTECHABS  
 0\* FILE BIOTECHDS  
 0\* FILE BIOTECHNO  
 13 FILES SEARCHED...  
 0\* FILE CEABA-VTB  
 0\* FILE CIN  
 21 FILES SEARCHED...  
 1 FILE DDFU  
 23 FILES SEARCHED...  
 1 FILE DRUGU  
 1 FILE EMBASE  
 0\* FILE ESBIODBASE  
 30 FILES SEARCHED...  
 0\* FILE FOMAD  
 0\* FILE FOREGE  
 0\* FILE FROSTI  
 0\* FILE FSTA  
 1 FILE IFIPAT  
 37 FILES SEARCHED...  
 0\* FILE KOSMET  
 0\* FILE NTIS  
 0\* FILE NUTRACEUT  
 0\* FILE PASCAL  
 47 FILES SEARCHED...  
 0\* FILE PHARMAML  
 1 FILE PHIN  
 56 FILES SEARCHED...  
 2 FILE SCISEARCH  
 61 FILES SEARCHED...  
 63 FILES SEARCHED...  
 0\* FILE WATER  
 68 FILES SEARCHED...

7 FILES HAVE ONE OR MORE ANSWERS, 69 FILES SEARCHED IN STNINDEX

L1 QUE ((N(1A)(3 (1A) METHOXY(1A) 5(1A) METHYLPYRAZIN(1A) 2(1A) YL)(1A) 2(1A)  
 (4(1A) [1,3,4(1A) OXADIAZOL(1A) 2(1A) YL]PHENYL)(1A) PYRIDINE (1A) 3 (  
 1A) SULPHONAMIDE) OR (ENDOTHELIN A RECEPTOR ANTAGONIST) OR (ZD4054)) (  
 P) (BISPHOSPHONATE OR PAMIDRONIC OR ZOLDRONIC) (P) (PROSTATE CANCER)

=> s ((N(1A)(3  
 (1A)methoxy(1A)5(1A)methylpyrazin(1A)2(1A)yl)(1A)2(1A)(4(1A)[1,3,4(1A)oxadiazol(1A)2  
 (1A)yl]phenyl)(1A)pyridine (1A)3 (1A)sulphonamide) or (endothelin a receptor  
 antagonist) or (ZD4054)) and (bisphosphonate or pamidronic or zoldronic) and  
 (prostate cancer)

1 FILE ADISCTI  
 4 FILE BIOSIS  
 11 FILES SEARCHED...  
 13 FILES SEARCHED...  
 1 FILE DDFU  
 23 FILES SEARCHED...  
 2 FILE DRUGU  
 6 FILE EMBASE  
 30 FILES SEARCHED...  
 1 FILE IFIPAT  
 43 FILES SEARCHED...  
 47 FILES SEARCHED...  
 1 FILE PHIC  
 2 FILE PHIN  
 2 FILE PROUSDDR  
 2 FILE SCISEARCH  
 60 FILES SEARCHED...  
 5 FILE USPATFULL  
 63 FILES SEARCHED...

11 FILES HAVE ONE OR MORE ANSWERS, 69 FILES SEARCHED IN STNINDEX

L2 QUE ((N(1A) (3 (1A) METHOXY(1A) 5(1A) METHYLPYRAZIN(1A) 2(1A) YL) (1A) 2(1A) (4(1A) [1,3,4(1A) OXADIAZOL(1A) 2(1A) YL] PHENYL) (1A) PYRIDINE (1A) 3 (1A) SULPHONAMIDE) OR (ENDOTHELIN A RECEPTOR ANTAGONIST) OR (ZD4054)) AND (BISPHOSPHONATE OR PAMIDRONIC OR ZOLDRONIC) AND (PROSTATE CANCER)

=> file biosis, embase, scisearch, hcaplus

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

15.12

15.54

FILE 'BIOSIS' ENTERED AT 15:05:08 ON 01 OCT 2007

Copyright (c) 2007 The Thomson Corporation

FILE 'EMBASE' ENTERED AT 15:05:08 ON 01 OCT 2007

Copyright (c) 2007 Elsevier B.V. All rights reserved.

FILE 'SCISEARCH' ENTERED AT 15:05:08 ON 01 OCT 2007

Copyright (c) 2007 The Thomson Corporation

FILE 'HCAPLUS' ENTERED AT 15:05:08 ON 01 OCT 2007

USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.

PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

COPYRIGHT (C) 2007 AMERICAN CHEMICAL SOCIETY (ACS)

=> s l2

L3 12 L2

=> dup rem l3

PROCESSING COMPLETED FOR L3

L4 8 DUP REM L3 (4 DUPLICATES REMOVED)

=> d l4 1-8 ibib, kwic

L4 ANSWER 1 OF 8 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2007069872 EMBASE

TITLE: Therapeutic options in advanced **prostate cancer**: Present and future.

AUTHOR: Sowery R.D.; So A.I.; Gleave M.E.

CORPORATE SOURCE: Dr. M.E. Gleave, Prostate Centre, Vancouver General Hospital, 2775 Laurel Street, Vancouver, BC V5Z1M9, Canada. m.gleave@ubc.ca

SOURCE: Current Urology Reports, (Jan 2007) Vol. 8, No. 1, pp. 53-59.

Refs: 38

ISSN: 1527-2737 E-ISSN: 1534-6285

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review; (Review)

FILE SEGMENT: 016 Cancer  
028 Urology and Nephrology  
037 Drug Literature Index  
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 14 Mar 2007

Last Updated on STN: 14 Mar 2007

TI Therapeutic options in advanced **prostate cancer**: Present and future.

AB Patients with advanced **prostate cancer** now have many treatment options available including first- and second-line hormonal therapy, radiotherapy, **bisphosphonate** therapy with zoledronic

acid, and taxane-based chemotherapy. These options now give clinicians an opportunity to offer their patients symptomatic relief and most importantly improve overall survival. This article reviews the current treatment options available for men with advanced **prostate cancer**. In addition, novel treatment options under development, including calcitriol, immunotherapies, small molecule inhibitors, and nucleotide-based targeted therapy, are discussed. Copyright. . .

CT Medical Descriptors:  
advanced . . . side effect  
jaw disease: SI, side effect  
musculoskeletal disease: SI, side effect  
myalgia: SI, side effect  
nail disease: SI, side effect  
neutropenia: SI, side effect  
nucleotide sequence  
    \***prostate cancer: DT, drug therapy**  
    \***prostate cancer: RT, radiotherapy**  
review  
sensory neuropathy: SI, side effect  
symptomatology  
thromboembolism: SI, side effect  
treatment outcome  
aminoglutethimide: DT, drug therapy  
antiandrogen: DT, drug therapy  
atrasentan: DT, drug. . . EC, endogenous compound  
cyproterone acetate: DT, drug therapy  
dn 101  
docetaxel: AE, adverse drug reaction  
docetaxel: CT, clinical trial  
docetaxel: CB, drug combination  
docetaxel: DT, drug therapy  
    **endothelin A receptor antagonist: DT, drug therapy**  
    **endothelin A receptor antagonist: PD, pharmacology**  
estramustine: AE, adverse drug reaction  
estramustine: CB, drug combination  
flutamide: DT, drug therapy  
gonadorelin agonist: DT, drug therapy  
gti 2501  
hydrocortisone: . . .

L4 ANSWER 2 OF 8 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2006256629 EMBASE  
TITLE: New alternatives for the management of patients with hormone-refractory **prostate cancer**.  
AUTHOR: Nelson J.B.; Kantoff P.W.; Sartor A.O.; Petrylak D.P.  
CORPORATE SOURCE: Dr. J.B. Nelson, Department of Urology, University of Pittsburgh School of Medicine, 5200 Center Avenue, Pittsburgh, PA 15232, United States. nelsonjb@msx.upmc.edu  
SOURCE: Advanced Studies in Medicine, (Apr 2006) Vol. 6, No. 4 C, pp. S300-S312.  
Refs: 48  
ISSN: 1530-3004 CODEN: ASMDCT  
COUNTRY: United States  
DOCUMENT TYPE: Journal; General Review; (Review)  
FILE SEGMENT: 016 Cancer  
                  028 Urology and Nephrology  
                  030 Clinical and Experimental Pharmacology  
                  037 Drug Literature Index  
                  038 Adverse Reactions Titles  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 23 Jun 2006  
Last Updated on STN: 23 Jun 2006

TI New alternatives for the management of patients with hormone-refractory **prostate cancer**.

AB Nearly all men receiving androgen deprivation therapy for metastatic **prostate cancer** will ultimately manifest evidence of disease progression, thus requiring a re-evaluation of treatment strategy. Treatment alternatives for men with hormone-refractory **prostate cancer** (HRPC) have been limited to palliative care in the absence of a survival advantage associated with chemotherapy. In 2004, docetaxel-based. . . HRPC, were shown to confer a significant survival advantage in 2 large, randomized, controlled phase III trials. Bone-targeted therapies, specifically **endothelin-A receptor antagonists** (eg, atrasentan), bone-targeted radiopharmaceuticals, and **bisphosphonates** (eg, zoledronic acid), directly address the bone-stromal interactions underlying painful bone metastases. Atrasentan potentially reduces the incidence of and delays.

CT Medical Descriptors:

- bone . . . drug therapy
- cancer immunotherapy
- cancer survival
- clinical trial
- drug dose regimen
- drug fatality: SI, side effect
- drug mechanism
- drug targeting
- febrile neutropenia: SI, side effect
- gastrointestinal symptom: SI, side effect
- \*hormone refractory prostate cancer: DM, disease management*
- \*hormone refractory prostate cancer: DT, drug therapy*
- human
- jaw disease: SI, side effect
- male
- neutropenia: SI, side effect
- \*prostate cancer: DM, disease management*
- \*prostate cancer: DT, drug therapy*
- quality of life
- review
- sensory neuropathy: SI, side effect
- thrombosis: DT, drug therapy
- thrombosis: SI, side effect
- treatment failure
- treatment response
- alkaline phosphatase: . . . adverse drug reaction
- docetaxel: CT, clinical trial
- docetaxel: CB, drug combination
- docetaxel: CM, drug comparison
- docetaxel: DO, drug dose
- docetaxel: DT, drug therapy
- endothelin 1
- endothelin A receptor
  - endothelin A receptor antagonist: CT, clinical trial*
  - endothelin A receptor antagonist: DT, drug therapy*
  - endothelin A receptor antagonist: PD, pharmacology*
- estramustine: AE, adverse drug reaction
- estramustine: CT, clinical trial
- estramustine: CB, drug combination
- estramustine: CM, drug comparison
- estramustine: DO, drug. . .

L4 ANSWER 3 OF 8 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN  
DUPLICATE 1

ACCESSION NUMBER: 2006:194368 BIOSIS  
DOCUMENT NUMBER: PREV200600199056  
TITLE: Combined **bisphosphonate** and **endothelin**

**a receptor antagonist treatment**  
more effectively reduces **prostate cancer**  
growth in bone than either alone.

AUTHOR(S): Mohammad, K. S. [Reprint Author]; McKenna, C.; Mison, A.;  
Niewolna, M.; Vessella, R.; Corey, E.; Guise, T. A.

CORPORATE SOURCE: Univ Virginia, Charlottesville, VA USA

SOURCE: Journal of Bone and Mineral Research, (SEP 2005) Vol. 20,  
No. 9, Suppl. 1, pp. S54.  
Meeting Info.: 27th Annual Meeting of the  
American-Society-for-Bone-and-Mineral-Research. Nashville,  
TN, USA. September 23 -27, 2005. Amer Soc Bone & Mineral  
Res.  
CODEN: JBMREJ. ISSN: 0884-0431.

DOCUMENT TYPE: Conference; (Meeting)  
Conference; Abstract; (Meeting Abstract)

LANGUAGE: English

ENTRY DATE: Entered STN: 22 Mar 2006  
Last Updated on STN: 22 Mar 2006

TI Combined **bisphosphonate** and **endothelin a**  
**receptor antagonist** treatment more effectively reduces  
**prostate cancer** growth in bone than either alone.

IT  
of Organisms  
serum: blood and lymphatics; bone: skeletal system; prostate:  
reproductive system; osteoclast: skeletal system; osteoblast: skeletal  
system

IT Diseases  
**prostate cancer**: urologic disease, reproductive  
system disease/male, neoplastic disease  
Prostatic Neoplasms (MeSH)

IT Diseases  
osteoblastic bone metastasis: neoplastic disease, bone disease, drug  
therapy, . . .

IT Chemicals & Biochemicals  
prostate specific antigen [EC 3.4.21.77]; atrasentan:  
antineoplastic-drug; endothelin A receptor; zoledronic acid:  
antineoplastic-drug; endothelin-1: secretion, stimulation;  
**bisphosphonate** antiresorptive drugs: antineoplastic-drug

L4 ANSWER 4 OF 8 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN  
DUPLICATE 2

ACCESSION NUMBER: 2006:320718 BIOSIS

DOCUMENT NUMBER: PREV200600319323

TITLE: Combined **bisphosphonate** and **endothelin**  
**A receptor antagonist** treatment  
more effectively reduces **prostate cancer**  
growth in bone than either alone.

AUTHOR(S): Mohammad, K. S. [Reprint Author]; McKenna, C.; Mison, A.;  
Niewolna, M.; Vessella, R.; Corey, E.; Guise, T. A.

CORPORATE SOURCE: Univ Virginia, Dept Internal Med, Div Endocrinol and Metab,  
Charlottesville, VA USA

SOURCE: Journal of Bone and Mineral Research, (2005) Vol. 20, No.  
Suppl. 2, pp. P42.  
Meeting Info.: 4th North American Symposium on Skeletal  
Complications of Malignancy. Bethesda, MD, USA. April 28  
-30, 2005. NIH.  
CODEN: JBMREJ. ISSN: 0884-0431.

DOCUMENT TYPE: Conference; (Meeting)  
Conference; Abstract; (Meeting Abstract)

LANGUAGE: English

ENTRY DATE: Entered STN: 21 Jun 2006  
Last Updated on STN: 21 Jun 2006

TI Combined **bisphosphonate** and **endothelin A**  
**receptor antagonist** treatment more effectively reduces

**prostate cancer** growth in bone than either alone.

IT .  
    (Chemical Coordination and Homeostasis)  
IT Parts, Structures, & Systems of Organisms  
    plasma: blood and lymphatics; bone: skeletal system  
IT Diseases  
    **prostate cancer**: urologic disease, reproductive  
        system disease/male, neoplastic disease, drug therapy  
        Prostatic Neoplasms (MeSH)  
IT Chemicals & Biochemicals  
    atrasentan: antineoplastic-drug, combination therapy; zoledronic.

L4 ANSWER 5 OF 8 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2005224960 EMBASE  
TITLE: Future therapies in hormone-refractory **prostate cancer**.  
AUTHOR: Smith M.R.; Nelson J.B.; DiPaola R.S.; Carducci M.A.; Thompson I.M.  
CORPORATE SOURCE: Dr. J.B. Nelson, Univ. of Pittsburgh Medical Center, Department of Urology, Shadyside Medical Building, 5200 Centre Avenue, Pittsburgh, PA 15232, United States. nelsonjb@msx.upmc.edu  
SOURCE: Urology, (May 2005) Vol. 65, No. 5 SUPPL., pp. 9-17. ISSN: 0090-4295 CODEN: URGYAZ  
PUBLISHER IDENT.: S 0090-4295(05)00355-9  
COUNTRY: United States  
DOCUMENT TYPE: Journal; Conference Article; (Conference paper)  
FILE SEGMENT: 016 Cancer  
                    028 Urology and Nephrology  
                    037 Drug Literature Index  
                    038 Adverse Reactions Titles  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 16 Jun 2005  
                    Last Updated on STN: 16 Jun 2005

TI Future therapies in hormone-refractory **prostate cancer**

AB Hormone-refractory **prostate cancer** (HRPC) remains true to its name: it is largely refractory to attempts to delay its progression. Although the number of men presenting with metastatic **prostate cancer** has decreased significantly over the last several years, the death rate for those men is essentially unchanged. To alter the.

CT Medical Descriptors:  
    adoptive . . . . myeloid leukemia  
    clinical trial  
    conference paper  
    diarrhea: SI, side effect  
    disease activity  
    drug efficacy  
    drug indication  
    drug targeting  
    fatigue: SI, side effect  
    gynecomastia: SI, side effect  
    headache: SI, side effect  
    hormonal therapy  
        **hormone refractory prostate cancer: DT, drug therapy**  
    human  
    hypercalcemia: DT, drug therapy  
    hypercalcemia: PC, prevention  
    hypercalcemia: SI, side effect  
    hypertension: SI, side effect  
    hypotension: SI, side effect

hypothalamus. . . gonad system  
kidney dysfunction: SI, side effect  
lung non small cell cancer  
neurotoxicity: SI, side effect  
osteoclast  
phocomelia: SI, side effect  
postmenopause osteoporosis: DT, drug therapy  
priority journal

**\*prostate cancer: DT, drug therapy**

thromboembolism: SI, side effect  
abarelix: CT, clinical trial  
abarelix: DT, drug therapy  
abarelix: PD, pharmacology  
androgen: EC, endogenous compound  
angiogenesis inhibitor: . . . adverse drug reaction  
diethylstilbestrol: DT, drug therapy  
docetaxel: AE, adverse drug reaction  
docetaxel: CB, drug combination  
docetaxel: CM, drug comparison  
docetaxel: DT, drug therapy  
docetaxel: PD, pharmacology  
    **endothelin A receptor antagonist: AE, adverse drug reaction**  
    **endothelin A receptor antagonist: CT, clinical trial**  
    **endothelin A receptor antagonist: CB, drug combination**  
    **endothelin A receptor antagonist: DO, drug dose**  
    **endothelin A receptor antagonist: DT, drug therapy**  
    **endothelin A receptor antagonist: PD, pharmacology**  
erlotinib: CT, clinical trial  
erlotinib: DT, drug therapy  
gefitinib: CT, clinical trial  
gefitinib: DT, drug therapy  
gefitinib: PD, pharmacology  
gonadorelin antagonist: . . . DT, drug therapy  
mitoxantrone: CT, clinical trial  
mitoxantrone: CB, drug combination  
mitoxantrone: DT, drug therapy  
mitoxantrone: PD, pharmacology  
monoclonal antibody: DT, drug therapy  
monoclonal antibody: PD, pharmacology  
    **pamidronic acid: CT, clinical trial**  
    **pamidronic acid: CM, drug comparison**  
    **pamidronic acid: DT, drug therapy**  
    **pamidronic acid: IV, intravenous drug administration**  
    **pamidronic acid: PD, pharmacology**  
panitumumab: CT, clinical trial  
panitumumab: DT, drug therapy  
pc spes: AE, adverse drug reaction  
pc spes: CT, clinical trial  
pc spes: PD, . . .

RN. . . 56-53-1; (docetaxel) 114977-28-5; (erlotinib) 183319-69-9,  
183321-74-6; (gefitinib) 184475-35-2, 184475-55-6, 184475-56-7; (imatinib)  
152459-95-5, 220127-57-1; (ketoconazole) 65277-42-1; (leflunomide)  
75706-12-6; (mitoxantrone) 65271-80-9, 70476-82-3; (**pamidronic**  
**acid**) 40391-99-9, 57248-88-1; (panitumumab) 339177-26-3; (prednisone)  
53-03-2; (rituximab) 174722-31-7; (thalidomide) 50-35-1; (tipifarnib)  
192185-72-1; (trastuzumab) 180288-69-1; (zoledronic acid) 118072-93-8,  
131654-46-1, 165800-06-6, . . .

L4 ANSWER 6 OF 8 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN  
DUPLICATE 3

ACCESSION NUMBER: 2003:389985 BIOSIS

DOCUMENT NUMBER: PREV200300389985

TITLE: Treatments for improving survival of patients with  
**prostate cancer.**



AUTHOR(S): David, Alice K.; Khwaja, Radhika; Hudes, Gary R. [Reprint Author]

CORPORATE SOURCE: Department of Medical Oncology, Fox Chase Cancer Center, 7701 Burholme Avenue, Philadelphia, PA, 19111, USA  
g\_hudes@fccc.edu

SOURCE: Drugs & Aging, (2003) Vol. 20, No. 9, pp. 683-699. print.  
ISSN: 1170-229X (ISSN print).

DOCUMENT TYPE: Article  
General Review; (Literature Review)

LANGUAGE: English

ENTRY DATE: Entered STN: 20 Aug 2003  
Last Updated on STN: 18 Sep 2003

TI Treatments for improving survival of patients with **prostate cancer**.

IT . . . .  
disease, neoplastic disease, therapy  
Bone Neoplasms (MeSH); Neoplasm Metastasis (MeSH)

IT Diseases  
metastatic disease: neoplastic disease, therapy  
Neoplasm Metastasis (MeSH)

IT Diseases  
**prostate cancer**: neoplastic disease, reproductive system disease/male, urologic disease, pathology, therapy  
Prostatic Neoplasms (MeSH)

IT Chemicals & Biochemicals  
atrasentan: antineoplastic-drug, **endothelin-A receptor antagonist**; **bisphosphonates**:  
antineoplastic-drug; endothelin-A receptor; prostate specific antigen [EC 3.4.21.77]: tumor marker; radionuclides: antineoplastic-drug; radiopharmaceuticals: antineoplastic-drug; receptor tyrosine kinase inhibitors: antineoplastic-drug, enzyme. . . .

RN 173937-91-2 (atrasentan)  
13598-36-2 (**bisphosphonates**)

L4 ANSWER 7 OF 8 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN  
DUPLICATE 4

ACCESSION NUMBER: 2003:206977 BIOSIS

DOCUMENT NUMBER: PREV200300206977

TITLE: Endothelin and skeletal metastases in hormone-refractory **prostate cancer**.

AUTHOR(S): Hamdy, Freddie C. [Reprint Author]

CORPORATE SOURCE: Academic Urology Unit, Division of Clinical Sciences, Royal Hallamshire Hospital, University of Sheffield, Sheffield, UK  
f.c.hamdy@sheffield.ac.uk

SOURCE: European Urology Supplements, (March 2003) Vol. 2, No. 3, pp. 15-19. print.  
ISSN: 1569-9056 (ISSN print).

DOCUMENT TYPE: Article

LANGUAGE: English

ENTRY DATE: Entered STN: 23 Apr 2003  
Last Updated on STN: 23 Apr 2003

TI Endothelin and skeletal metastases in hormone-refractory **prostate cancer**.

AB Skeletal metastases represent a major complication of advanced hormone-refractory **prostate cancer** (HRPC). These lesions affect around 85% of patients and provide a poor quality of life due to associated pathological fractures, . . . diagnosis. At present, there is no effective treatment for delaying disease progression. Current treatment options based on chemotherapy, radiotherapy and **bisphosphonates** are essentially palliative and do not appear to prolong survival. HRPC, therefore, represents a considerable unmet clinical need, and new. . . .

IT . . . .

Pharmacology; Urology (Human Medicine, Medical Sciences)

IT Parts, Structures, & Systems of Organisms  
bone: skeletal system, remodeling; osteoblast: skeletal system;  
**prostate cancer** cell: excretory system, reproductive system

IT Diseases  
metastatic hormone-refractory **prostate cancer**:  
neoplastic disease, reproductive system disease/male, urologic disease, drug therapy

IT Diseases  
skeletal metastatic disease: bone disease, neoplastic disease, drug therapy

IT Chemicals & Biochemicals  
endothelin-1: therapeutic target; **endothelin-A**  
**receptor antagonist**: antineoplastic-drug

L4 ANSWER 8 OF 8 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2003402002 EMBASE  
TITLE: Skeletal complications of malignancy - Third North American Symposium: 25-27 April 2002, Bethesda, MD, USA.  
AUTHOR: Bagi C.  
CORPORATE SOURCE: C. Bagi, Pfizer Inc., Groton Laboratories, Eastern Point Road 8118E/3, Groton, CT 06340, United States.  
cedo\_bagi@groton.pfizer.com  
SOURCE: IDrugs, (2002) Vol. 5, No. 6, pp. 553-556.  
ISSN: 1369-7056 CODEN: IDRUFN  
COUNTRY: United Kingdom  
DOCUMENT TYPE: Journal; Conference Article; (Conference paper)  
FILE SEGMENT: 038 Adverse Reactions Titles  
037 Drug Literature Index  
030 Clinical and Experimental Pharmacology  
029 Clinical and Experimental Biochemistry  
017 Public Health, Social Medicine and Epidemiology  
016 Cancer  
014 Radiology  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 23 Oct 2003  
Last Updated on STN: 23 Oct 2003

AB . . . diagnostic tools, and effective anticancer therapy. In addition, life expectancy is prolonged, in particular those patients suffering from breast and **prostate cancer**. Bone metastases are a frequent event in a variety of cancer types. Dissemination of the carcinomas of the breast and. . .

CT Medical Descriptors:  
aging  
bone . . . disease: DM, disease management  
\*malignant neoplastic disease: DT, drug therapy  
\*malignant neoplastic disease: RT, radiotherapy  
multiple myeloma: DR, drug resistance  
multiple myeloma: DT, drug therapy  
nonhuman  
osteolysis  
osteoporosis  
prevalence  
**prostate cancer: DT, drug therapy**  
quality of life  
side effect: SI, side effect  
single drug dose  
stroma  
thyroid cancer  
treatment failure  
amgn 0007: CM, drug comparison

amgn 0007: . . . DT, drug therapy  
doxorubicin: CT, clinical trial  
doxorubicin: CB, drug combination  
doxorubicin: DT, drug therapy  
endothelin 1: EC, endogenous compound  
endothelin A receptor: EC, endogenous compound  
**endothelin A receptor antagonist: PD, pharmacology**  
etidronic acid: AN, drug analysis  
etidronic acid: PK, pharmacokinetics  
fluorouracil: CB, drug combination  
fluorouracil: CM, drug comparison  
fluorouracil: DT, drug. . . drug analysis  
ibandronic acid: PK, pharmacokinetics  
immunomodulating agent: PD, pharmacology  
methotrexate: CB, drug combination  
methotrexate: CM, drug comparison  
methotrexate: DT, drug therapy  
neurotrophin receptor: EC, endogenous compound  
**pamidronic acid: CT, clinical trial**  
**pamidronic acid: AN, drug analysis**  
**pamidronic acid: CB, drug combination**  
**pamidronic acid: CM, drug comparison**  
**pamidronic acid: DT, drug therapy**  
**pamidronic acid: IV, intravenous drug administration**  
**pamidronic acid: PD, pharmacology**  
parathyroid hormone related protein monoclonal antibody: DT, drug therapy  
parathyroid hormone related protein monoclonal antibody: IV, intravenous  
drug administration  
selective. . .  
RN. . . (doxorubicin) 23214-92-8, 25316-40-9; (etidronic acid) 2809-21-4,  
3794-83-0, 58449-82-4, 7414-83-7; (fluorouracil) 51-21-8; (ibandronic  
acid) 114084-78-5, 138844-81-2, 138926-19-9; (methotrexate) 15475-56-6,  
59-05-2, 7413-34-5; (**pamidronic acid**) 40391-99-9, 57248-88-1;  
(strontium 89) 14158-27-1; (tamoxifen) 10540-29-1; (thalidomide) 50-35-1;  
(zoledronic acid) 118072-93-8, 131654-46-1, 165800-06-6, 165800-07-7

=> d 14 1-8 abs

- L4 ANSWER 1 OF 8 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
- AB Patients with advanced **prostate cancer** now have many treatment options available including first- and second-line hormonal therapy, radiotherapy, **bisphosphonate** therapy with zoledronic acid, and taxane-based chemotherapy. These options now give clinicians an opportunity to offer their patients symptomatic relief and most importantly improve overall survival. This article reviews the current treatment options available for men with advanced **prostate cancer**. In addition, novel treatment options under development, including calcitriol, immunotherapies, small molecule inhibitors, and nucleotide-based targeted therapy, are discussed. Copyright .COPYRGT. 2007 by Current Medicine Group LLC.
- L4 ANSWER 2 OF 8 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN
- AB Nearly all men receiving androgen deprivation therapy for metastatic **prostate cancer** will ultimately manifest evidence of disease progression, thus requiring a re-evaluation of treatment strategy. Treatment alternatives for men with hormone-refractory **prostate cancer** (HRPC) have been limited to palliative care in the absence of a survival advantage associated with chemotherapy. In 2004, docetaxel-based chemotherapeutic regimens, now the standard for HRPC, were shown to confer a significant survival advantage in 2 large, randomized, controlled phase III trials. Bone-targeted therapies, specifically

**endothelin-A receptor antagonists**

(eg, atrasentan), bone-targeted radiopharmaceuticals, and **bisphosphonates** (eg, zoledronic acid), directly address the bone-stromal interactions underlying painful bone metastases. Atrasentan potentially reduces the incidence of and delays time to the onset of bone pain, may delay time to disease progression, and may improve the quality of life in patients with HRPC. Zoledronic acid was shown, in a phase III trial, to decrease the incidence of skeletal-related events and prolong the time to a first skeletal-related event in men with HRPC. Bone-targeted radiopharmaceuticals have been shown in phase III trials to decrease bone pain and decrease opioid utilization in patients with bony metastatic disease. Clinical trials are in progress to identify novel agents, in addition to optimize the combination of chemotherapeutic, bone-targeted agents and immunologic approaches. A wide variety of novel approaches, including immunologic therapies, are being tested.

L4 ANSWER 3 OF 8 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN DUPLICATE 1

L4 ANSWER 4 OF 8 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN DUPLICATE 2

L4 ANSWER 5 OF 8 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights reserved on STN

AB Hormone-refractory **prostate cancer** (HRPC) remains true to its name: it is largely refractory to attempts to delay its progression. Although the number of men presenting with metastatic **prostate cancer** has decreased significantly over the last several years, the death rate for those men is essentially unchanged. To alter the currently inevitable progression of HRPC to death, new targets and new therapies are needed. This article reviews investigational therapies directed against standard targets (eg, the hypothalamic-pituitary-gonadal axis) as well as novel targets (eg, the endothelin axis). .COPYRG. 2005 Elsevier Inc.

L4 ANSWER 6 OF 8 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN DUPLICATE 3

L4 ANSWER 7 OF 8 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN DUPLICATE 4

AB Skeletal metastases represent a major complication of advanced hormone-refractory **prostate cancer** (HRPC). These lesions affect around 85% of patients and provide a poor quality of life due to associated pathological fractures, spinal compression and pain. Metastatic HRPC is incurable and typically fatal within 2 years of diagnosis. At present, there is no effective treatment for delaying disease progression. Current treatment options based on chemotherapy, radiotherapy and **bisphosphonates** are essentially palliative and do not appear to prolong survival. HRPC, therefore, represents a considerable unmet clinical need, and new therapies are required to alter the course of the disease process beyond providing palliation. Many factors are involved in bone remodelling, and a substantial body of evidence suggests a major role for endothelin-1 (ET-1) in the pathophysiology of bone lesions in metastatic HRPC. In HRPC, the binding of ET-1 to a specific receptor (ETA) not only enhances osteoblastic activity and promotes the development of metastatic bone lesions, but also generates a mitogenic and anti-apoptotic milieu. In vivo and in vitro studies show that ET-1-stimulated bone growth is inhibited when the ET-1 receptor (ETA) is blocked. Highly potent and specific ETA-receptor antagonists, therefore, represent an exciting development in the management of HRPC, providing a potentially effective therapeutic target for the delay or prevention of skeletal metastatic progression.

L4 ANSWER 8 OF 8 EMBASE COPYRIGHT (c) 2007 Elsevier B.V. All rights

reserved on STN

AB Interest in the skeletal complications of malignancy continues to increase rapidly. There are several reasons for this growing trend including an aging population and higher incidence of cancer, improved diagnostic tools, and effective anticancer therapy. In addition, life expectancy is prolonged, in particular those patients suffering from breast and **prostate cancer**. Bone metastases are a frequent event in a variety of cancer types. Dissemination of the carcinomas of the breast and prostate to the skeleton is particularly prevalent and also a notable feature of malignancy originating in the lungs, thyroid and kidneys. Multiple myeloma is a unique neoplastic disorder associated with extensive bone involvement. Important clinical problems that arise from cancer metastases to bone include humoral hypercalcemia of malignancy, cancer-associated osteoporosis and significant implications on the quality of life of cancer patients including bone pain. The major topic of the conference was treatment modalities targeting the prevention of skeletal disease. One particular focus was given to stromal-derived cytokines and growth factors due to evidence which indicates the critical role that bone marrow and stroma play in homing of tumors to the bone and development of bone metastases. .COPYRGT. PharmaPress Ltd.

	Ref #	Hits	Search Text
1	S1	1	("2003092757").PN.
2	S2	3	singh-amitabh.in.
3	S3	26091633	N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide
4	S4	3610	bisphosphonate
5	S5	1242	lhrh adj analogue
6	S6	71	bisphosphonate and lhrh adj analogue
7	S7	252	bisphosphonate and goserelin
8	S8	12	bisphosphonate and lhrh adj antagonist
9	S9	3	"20030092757"
10	S10	82	"5464853"
11	S11	71	"5514691"
12	S12	9	"5843902"
13	S13	36	"5763429"
14	S14	119	"4100274"
15	S15	316	"4767628"
16	S16	2	"20020055457"
17	S18	9	((("5464853") or ("5514691") or ("5843902") or ("5763429") or ("4100274") or ("4767628") or ("20020055457") or ("20050014769"))).PN.
18	S19	1	("5763429").PN.
19	S20	26443097	N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide and bisphosphonate
20	S21	1	("20060009512").PN.
21	S22	1	("20060287241").PN.
22	S23	3	ZD4054
23	S24	1	endothlin adj receptor adj antagonist
24	S25	0	endothlin adj S9 adj antagonist
25	S26	0	endothlin adj "1" adj antagonist
26	S27	26443097	N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide and bisphosphonate and zd4054
27	S28	1157	endothelin adj receptor adj antagonist
28	S30	2	endothelin adj receptor adj antagonist and ZD4054

	Ref #	Hits	Search Text
29	S29	164	endothelin adj receptor adj antagonist and bisphosphonate
30	S31	2	"20050014769"
31	S32	19	((("5292740") or ("5334598") or ("5378715") or ("5389620") or ("5420123") or ("5464853") or ("5482960") or ("5514691") or ("5514696") or ("5541186") or ("5543521") or ("5559105") or ("5571821") or ("5780473") or ("5962490") or ("5965732") or ("6080774") or ("6420567") or ("20020091272"))).PN.
32	S33	83	endothelin adj receptor adj antagonist and ((pamidronic adj acid) or pamidronate)
33	S34	1	("5866568").PN.
34	S35	13641	carbamic adj acid
35	S36	280	S35 and bisphosphonate
36	S38	134	S36 and pamidronate
37	S37	56	S36 and pamidronic adj acid
38	S39	344	sulfonamide and pamidronic adj acid
39	S40	0	sulfonamide and (endothelin adj receptor adj antagonist) and pamidronic adj acid
40	S41	1	sulfonamide and (endothelin adj antagonist) and pamidronic adj acid
41	S42	0	N "3" methoxy "5" methylpyrazin "2" yl "2" "4" "1" "3" "4" oxadiazol "2" yl phenyl pyridine "3" sulfonamide
42	S43	0	N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulfonamide
43	S44	26443097	N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide and bisphosphonate
44	S45	11321349	endothelin adj receptor adj antagonist (s) bisphosphonate
45	S46	5490550	endothelin adj receptor adj antagonist (p) bisphosphonate
46	S47	1	("4784684").PN.

	Ref #	Hits	Search Text
47	S48	5489796	endothelin adj receptor adj antagonist (p) bisphosphonate and pamidronic adj acid
48	S49	2	((("6060475") or ("6258817"))).PN.
49	S50	1	("5866568").PN.
50	S51	5489791	endothelin adj receptor adj antagonist (p) bisphosphonate and pamidronic adj acid and cancer
51	S52	2353	bisphosphonate and cancer
52	S53	1582	S52 and pamidronic adj acid or pamidronate
53	S54	83	S53 and endothelin adj receptor adj antagonist
54	S55	550	pamidronic adj acid
55	S56	272	S55 and bisphosphonate
56	S57	551	S53 and endothelin adj receptor adj antagonist and diphosphonate or biphosphonate
57	S58	60	S53 and endothelin adj receptor adj antagonist and (diphosphonate or biphosphonate)
58	S59	60	S53 and (endothelin adj receptor adj antagonist) and (diphosphonate or biphosphonate)
59	S60	166	(endothelin adj receptor adj antagonist) and (diphosphonate or biphosphonate or bisphosphonate)
60	S61	0	pyrazinyl adj oxadiazolyl adj pyridine adj sulfonamide adj endothelin adj receptor
61	S62	1	("20040259876").PN.
62	S63	1	("20060094729").PN.
63	S64	2353	bisphosphonate and cancer
64	S65	778	bisphosphonate and prostate adj cancer
65	S66	670	bisphosphonate and prostate adj cancer and breast adj cancer
66	S67	136	bisphosphonate and prostate adj cancer and breast adj cancer and bone adj metastasis
67	S68	42	endothelin adj a adj receptor and prostate adj cancer
68	S69	21	(endothelin adj a adj receptor adj antagonist) and prostate adj cancer



	Ref #	Hits	Search Text
69	S70	670	bisphosphonate and prostate adj cancer and breast adj cancer
70	S71	41	bisphosphonate and prostate adj cancer and breast adj cancer and (endothelin adj receptor adj antagonist)
71	S72	0	zibotentan
72	S73	2	("2005115454").PN.
73	S74	1	("20050115454").PN.
74	S75	0	("2004569131").PN.
75	S76	0	("20040569131").PN.
76	S77	25	zd4054 or bms247550 or kos862 or bms275291
77	S78	4	(zd4054 or bms247550 or kos862 or bms275291) and bisphosphonate
78	S79	285	(zd4054 or bms247550 or kos862 or bms275291 or azd2171 or zd6474 or azd9935 or azd4440 or azd0530 or azd0424 or azd3409 or azd5438 or azd6244 or azd1152)
79	S80	81	(zd4054 or bms247550 or kos862 or bms275291 or azd2171 or zd6474 or azd9935 or azd4440 or azd0530 or azd0424 or azd3409 or azd5438 or azd6244 or azd1152) and bisphosphonate
80	S81	81	(zd4054 or bms247550 or kos862 or bms275291 or azd2171 or zd6474 or azd9935 or azd4440 or azd0530 or azd0424 or azd3409 or azd5438 or azd6244 or azd1152 or promune) and bisphosphonate
81	S82	1	("6258817").PN.
82	S83	1	("5866568").PN.
83	S84	1	("6060475").PN.
84	S85	0	("20030516192").PN.
85	S86	1	("20050148535").PN.
86	S87	1	("20060094729").PN.
87	S88	1	("20060122180").PN.
88	S89	1	("20060094729").PN.
89	S90	1	("20060009512").PN.
90	S91	1	("20060287241").PN.

	Ref #	Hits	Search Text
91	S92	41	(zd4054 or bms247550 or kos862 or bms275291 or azd2171 or zd6474 or azd9935 or azd4440 or azd0530 or azd0424 or azd3409 or azd5438 or azd6244 or azd1152 or promune) and (pamidronate or (pamidronic adj acid))
92	S93	11321349	(endothelin adj receptor adj antagonist) (s) bisphosphonate
93	S94	5490550	(endothelin adj receptor adj antagonist) (p) bisphosphonate
94	S96	11321086	(endothelin adj receptor adj antagonist) (s) bisphosphonate.ab.
95	S97	5490211	(endothelin adj receptor adj antagonist) (p) bisphosphonate.ab.
96	S98	5489984	(endothelin adj receptor adj antagonist) (p) bisphosphonate.bsum.
97	S95	164	(endothelin adj receptor adj antagonist) and bisphosphonate
98	S99	5510890	(endothelin adj receptor adj antagonist) (p) bisphosphonate (p) cancer.bsum.
99	S100	50	(endothelin adj receptor adj antagonist) and bisphosphonate and cancer.bsum.
100	S101	8	(endothelin adj receptor adj antagonist) and bisphosphonate and cancer.ab.
101	S102	1	("20060287241").PN.
102	S103	1	("20020055457").PN.
103	S104	1	("20020055457").PN.
104	S105	3	Gallagher-neil.in.
105	S106	27473442	ZD4054 or (N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide)
106	S108	0	(ZD4054 or (N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide) or (endothelin A receptor antagonist)) same bisphosphonate

	Ref #	Hits	Search Text
107	S109	10	(ZD4054 or (N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide) or (endothelin A receptor antagonist)) and bisphosphonate
108	S110	10	(ZD4054 or (N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide) or (endothelin A receptor antagonist)) and (bisphosphonate or pamidronic or zoldronic)
109	S111	10	(ZD4054 or (N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide) or (endothelin A receptor antagonist)) and (bisphosphonate or pamidronic or zoldronic)
110	S112	0	(endothelin receptor antagonist) same bisphosphonate
111	S113	144	(endothelin receptor antagonist) same bisphosphonate
112	S114	0	(endothelin receptor antagonist) same bisphosphonate same prostate cancer
113	S115	38	(endothelin receptor antagonist) same bisphosphonate and prostate cancer
114	S116	38	(endothelin receptor antagonist) same bisphosphonate and (prostate cancer)
115	S117	0	(N-(3-methoxy-5-methylpyrazin-2-yl)-2-(4-[1,3,4-oxadiazol-2-yl]phenyl)pyridine-3-sulphonamide)